



RECEIVED 1614
FEB 04 2003
TECH CENTER 1600/2600

Please type a plus sign (+) inside this box → ☒

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/047,542
Filing Date	10/26/01
First Named Inventor	Larrick, et al.
Group Art Unit	1614
Examiner Name	TBA
Attorney Docket Number	030905.0004 CIP1

Total Number of Pages in This Submission 2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Revocation of Power of Attorney or Authorization of Agent and Appendix A (2 pgs.)
---	--	---

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brobeck, Phleger & Harrison LLP
Signature	Edward O. Kreusser, Reg. No. 38,523
Date	1/22/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1/22/03

Typed or printed name	Janice Crisp		
Signature		Date	1/22/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	SEE APPENDIX A
Filing Date	SEE APPENDIX A
First Named Inventor	SEE APPENDIX A
Group Art Unit	SEE APPENDIX A
Examiner Name	SEE APPENDIX A
Attorney Docket Number	SEE APPENDIX A

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Elliott L. Fineman, Esq.				
Address	PLANET BIOTECHNOLOGY, INC.				
Address	25571 Clawiter Road				
City	Hayward				
Country	U.S.A.	State	CA	ZIP	94545
Telephone	(510) 887-1461	Fax	(510) 887-1623		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.

SIGNATURE of Applicant or Assignee of Record

Name	Elliott L. Fineman
Signature	<i>Elliott L. Fineman</i>
Date	12/15/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PLANET BIOTECHNOLOGY, INC.
Pending US Applications
Appendix A

RECEIVED
FEB 04 2003
TECH CENTER 1600, 2900

APPLICATION NUMBER	FILING DATE	FIRST NAMED INVENTOR	GROUP ART UNIT/EXAMINER	ATTORNEY DOCKET NO.
10/047,542	10/26/01	Larrick, <i>et al.</i>	1614/TBA	030905.0004.CIP1
10/258,763	10/25/02	Larrick, <i>et al.</i>	TBA	030905.0004.UTL
09/717,888	11/21/00	Hiatt, <i>et al.</i>	1648/A.R. Salmi	030905.0002.CON2